

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15		9				
16	1					
17						
18						
19						
20						
21						
22	1					
23	1					
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36	1					
37	1					
38		2				
39		2				
40	1					
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56	1							
57	1							
58								
59		1						
60		1						
61	1							
62		1						
63	1							
64		1						
65	1							
66	1							
67	1							
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87			1					
88			1					
89								
90								
91								
92			2					
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	21							
TOTAL DEP.	44	93						
TOTAL CLAIMS	115							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS